

## Application Data Sheet

### Application Information

|   |  |
|---|--|
| <b>Application Type::</b>               | Regular  |
| <b>Subject Matter::</b>                 | Utility  |
| <b>Suggested classification::</b>       |  |
| <b>Suggested Group Art Unit::</b>       |  |
| <b>CD-ROM or CD-R?::</b>                | None   |
| <b>Computer Readable Form (CRF)?::</b>  | No   |
| <b>Title::</b>                          | METHODS FOR ELIMINATING FALSE<br>DATA FROM COMPARATIVE DATA<br>MATRICES AND FOR QUANTIFYING DATA<br>MATRIX QUALITY |
| <b>Attorney Docket Number::</b>         | 047940-0148  |
| <b>Request for Early Publication?::</b> | No   |
| <b>Request for Non-Publication?::</b>   | No   |
| <b>Suggested Drawing Figure::</b>       | 1  |
| <b>Total Drawing Sheets::</b>           | 6  |
| <b>Small Entity?::</b>                  | Yes  |
| <b>Petition included?::</b>             | No   |
| <b>Licensed US Govt. Agency::</b>       | National Cancer Institute and the National<br>Institutes of Health   |
| <b>Contract or Grant Numbers One::</b>  | R01-CA81367 and R29-CA78825  |
| <b>Secrecy Order in Parent Appl.?::</b> | No   |

### Applicant Information

|                                      |          |
|--------------------------------------|----------|
| <b>Applicant Authority Type::</b>    | Inventor |
| <b>Primary Citizenship Country::</b> | US       |

**Status::** Full Capacity  
**Given Name::** Hassan M.  
**Family Name::** FATHALLAH-SHAYKH  
**City of Residence::** Chicago  
**State or Province of Residence::** Illinois  
**Country of Residence::** US  
**Street of mailing address::** Apt. 3501  
5020 South Lake Shore Drive  
**City of mailing address::** Chicago  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60612

#### Correspondence Information

**Correspondence Customer Number::** 23524  
**E-Mail address::** mmanning@foleylaw.com

#### Representative Information

|   |       |  |
|---|-------|--|
| <b>Representative Customer Number::</b> | 23524 |  |
|---|-------|--|

#### Domestic Priority Information

|                      |                          |                             |                             |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
| This Application     | Non-Provisional of       | 60/400,911                  | 08/02/2002                  |

### Foreign Priority Information

| Country:: | Application<br>number:: | Filing Date:: | Pri rity Claimed:: |
|-----------|-------------------------|---------------|--------------------|
|           |                         |               |                    |

### Assignee Information

**Assignee name::** Rush-Presbyterian-St. Luke's Medical Center